



Certificate of Express Mailing

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Ref: Case Docket No.: P1985

First Named Inventor: Vincent Cedric Colnot

Serial Number: 10/696,651

Filing Date: 10/30/2003

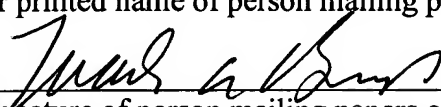
Title of Case: Secure Memory Device for Smart Cards with a Modem Interface

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Alexandria, VA 22313-1450

1. Response A.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Check for fees in the amount of \$200.00.
5. Certificate of express mailing.
6. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)



11-18-05

JFW
\$

Method of Transmission: Facsimile

CASE DOCKET NO. P1985

In reference to application of Vincent Cedric Colnot

Serial No. 10/696,651

For Secure Memory Device for Smart Cards with a Modem Interface

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
- ☒ Applicant claims Small entity status under 37 CFR 1.27.
- ☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

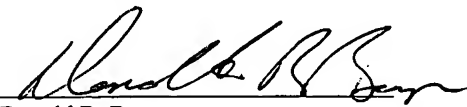
**** CLAIMS AS AMENDED ****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	28	Minus	** 20	8	\$ 25	\$ 50	\$ 200.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☒ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.Respectfully Submitted, Donald R. Boys
Reg. No. 35074Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2182

Examiner: Sun, Scott C.

In Re: Vincent Cedric Colnot
Case: P1985
Serial No.: 10/696,651
Filed: 10/30/2003
Subject: Secure Memory Device for Smart Cards with a Modem Interface

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Response A

11/21/2005 WABDELRI 00000001 10696651

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200.00 DP